



## Annual 2008 VA/DoD Joint Venture Conference

# ALASKA

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Mr. Alex Spector, VA Director

Colonel Billy Cecil, 3MDG Deputy  
Commander



# Agenda

- 
- Brief overview of sharing relationship
  - Describe one aspect of your sharing relationship that is most successful
    - What is the sharing arrangement?
    - What makes it successful?
    - What are the reimbursement methodologies used?
    - What challenges/barriers occurred?
      - How were they solved?
  - Other best practices at the Joint Venture
  - Lessons Learned
  - Contact Information

# Brief Overview of Sharing Relationship



- The 3MDG @ Elmendorf is an integrated DoD/VA jointly staffed federal facility
- The 3MDG Executive Committee governs joint venture issues
  - JV Business Operations Committee plans & implements ongoing JV issues
- The Air Force manages the hospital
  - The VA manages the ICU
- There is one standard of care
- The 3MDG ER is the preferred provider for Anchorage veterans
- Neither agency subsidizes the other





# Sharing Relationship



- Describe aspect of successful sharing relationship?
- Increased VA access to care @ 3MDG in FY07
  - Inpatient surgeries up 27% (166-211)
  - Joint replacements up 239% (13 to 44)
  - Orthopedic visits up 282% (87 to 395)
  - Ophthalmology visits up 238% (66 to 343)
  - ENT visits up 113% (17 to 168)





# Referral Management



- 3MDG identifies excess capacity to VA
- VA determines best candidates for referral
- 3MDG replies to VA within 72 hours
  - Appointment made
- Patient data entered in CHCS & scanned into CPRS





# What makes it successful?



- Good communication & working relationship between 3MDG Referral Management Center & VA Integrated Care
- Better control of services rendered
- Willingness of clinic provider
- Improves 3MDG staff's skills
- VA cost savings

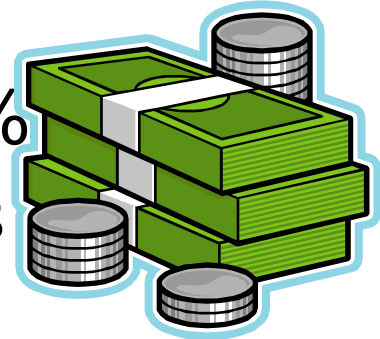




# Reimbursement Methodology



- Outpatient: CMAC -10%
- Emergency Room: CMAC - 25%
  - VA provides three staff members
- Inpatient: CMAC - 40%
  - VA provides ICU & MSU staff members
- Total Joint: Cost of implant, supplies & 35% discount of remaining balance





# Challenges/Barriers?



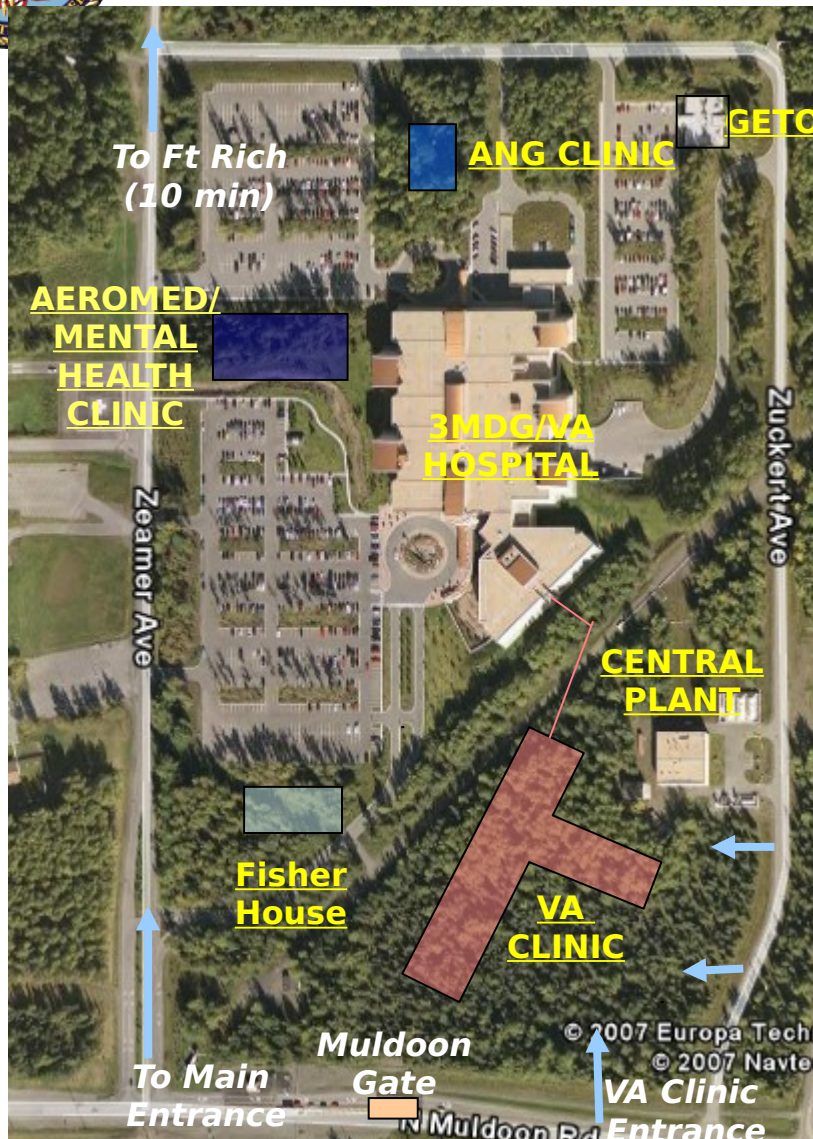
- Army redeployment at Ft. Richardson
- OIF/OEF Outreach
  - Alaska Guard return
- mTBI Services
- 3MDG in AEF bucket
- 3WG ORI Prep
- Space constraints
  - Increase staff by 95 in FY08







# We're Growing!



- Project planning, design, construction, & move-in
- VA Clinic, 2007-10
- ANG Clinic, 2008-10
- Fisher House, 2008-09
- AF AMDS/Mental Health Clinic, 2008-11

WTU  
Warrior  
Transitio  
n Unit



# Other Best Practices



- 1<sup>st</sup> & only AF hospital to care for Army redeployment
  - Huge increase for demand in specialty care
  - Limited impact on VA access
- NDAA JV Business Office project completed
  - Implemented itemized patient bill
  - Captured VA workload credit
  - Improved accuracy & timeliness
- Joint Incentive Fund Projects
  - CT/MRI (VA \$1.6M cost avoidance)
  - PT (Goal: Recapture 66% from VA fee program)
  - Central Sterile Supply (Adds VA staff; upgrades equipment)
- ***Elmendorf named “Best Air Force Hospital in 2007”***
  - ***Attributed to successful Joint Venture***





# Lessons Learned



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- Leadership involvement
  - Continuous communication
    - Established JV Coordinators
  - Commit to working relationship
  - Finding opportunities to say “Yes!”
  - One Team, One Fight!